SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. A. Grand Gran
1. Article Addressed to:	D. Is delivery address different from item 17 Yes If YES, enter delivery address below:
LOUIE ZAMARONI ZAMARONI QUARRY INC 3500 PETALUMA HILL RD SANTA ROSA CA 95404	
	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
EB 5-16-13 5/039/0016	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number	110 0001 3568 1052
PS Form 3811 February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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- A unique identifier for your mailpiece
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- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS⊕ postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047